

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	Woodland Oaks does not believe and does not admit that any deficiencies existed, either before, during, or after the survey. Woodland Oaks reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is meant to establish any standard of care, contract obligation or position. Woodland Oaks reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver or any potentially applicable peer review, quality assurance or self-critical examination privileges which Woodland Oaks does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Woodland Oaks offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.	
F 333 SS=D	<p>An Abbreviated Survey Investigating ARO#KY00015412 was initiated on 10/05/10 and concluded on 10/07/10. The ARO was substantiated and deficiencies were cited with the highest scope and severity being a "D".</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to ensure three (3) of nine (9) sampled residents were free from significant medications errors (Residents #1, #2, and #4). Resident #1 related to the omission of two (2) medications for thirteen (13) days. Resident #4 related to missed doses of antibiotic eye drops. Resident #2 received three (3) doses of a pain medication at a lower dose than ordered.</p> <p>The findings include:</p> <p>1. Record review revealed Resident #1 was admitted to the facility on 07/15/10 with diagnoses which included Alzheimer's Disease, Chronic Pain, and Anxiety.</p> <p>Review of the Admission Minimum Data Set (MDS), dated 07/23/10 revealed the facility assessed Resident #1 as being alert with intermittent confusion.</p> <p>Review of the Physician's Orders revealed an</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kimberly B. Hall*

TITLE

*Administrator*

(X6) DATE

*11/13/10*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 333	<p>Continued From page 1</p> <p>order (the order was not dated but was with the other orders for 07/28/10) for Remeron (an appetite stimulant) 30 milligrams (mg) every evening and Haldol (anxiety medication) 0.5 mg every evening. Review of the Medication Administration Record (MAR) for 07/2010 revealed these two (2) medications were transcribed to the MAR on 07/28/10. However, review of the MAR for 08/2010 revealed no documented evidence these two (2) medications were transcribed onto the MAR. There was no documented evidence that Resident #1 received the two (2) medications as ordered for the month of August 2010.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 10/07/10 at 10:00 AM revealed the facility's system for change over of MARs at the first of a new month was she would come in on night shift one night between the 26th and the 30th to compare the Physician's Orders to the next month's MARs for each resident. She further stated these two (2) medications were missed on the August 2010 MAR because she came in to do the change over MARs on 07/27/10 and the order was not written until 07/28/10. Interview further revealed the nurse that verified the order was responsible for ensuring the order was on the current MAR and the MAR for the next month.</p> <p>Interview with Licensed Practical Nurse (LPN) #10, who verified the order for Remeron 30 mg and Haldol 0.5 mg, on 10/07/10 at 1:00 PM revealed she was not aware she had failed to put the medications on the next month's MAR. She further stated she was aware she was required to transcribe the medications to both the current MAR and the next month's MAR after the ADON</p>	F 333	<p>F333</p> <p>It is and was on the day of survey the policy of Woodland Oaks Healthcare Facility to ensure that the residents are free of any significant medication errors.</p> <ol style="list-style-type: none"> <li>1. Resident #1 is no longer a resident of the facility. The order for Resident #4's eye drops was clarified with the physician on 10/5/10. Resident #2 is no longer a resident at the facility.</li> <li>2. All nurses have been in-serviced on 10/28/10 by the Director of Nursing regarding proper medication administration techniques and completely filling out all parts of physician's orders to ensure proper administration. The in-service was conducted by the Director of Nursing for RN's, LPN's and CMT's. An audit was completed on all physicians orders on 10/30/10 to ensure there were no medication errors and that all orders were transcribed correctly.</li> <li>3. For a period of no less than 6 months the Assistant Director of Nursing will do an audit of 5% of the facility change over to assure that all orders are carried over accurately from the previous month. The physician's orders that are written each day are audited by a designated administrative nurse to ensure that all physician orders are complete and implemented as ordered. They are then turned back in to the administrator or Director of Nursing to ensure completeness.</li> </ol>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 333	<p>Continued From page 2 had completed the change over.</p> <p>Review of the facility's policy for Medication Orders, revealed medications were administered only upon the clear, complete, and signed order of the prescriber. It further stated the order was to be recorded on the MAR.</p> <p>2. Record review revealed Resident #4 was admitted to the facility on 09/30/08 with diagnoses which included Dementia with Behavioral Disturbances, Delusions, Psychosis, Hypertension, Hypokalemia, Gastric Upset and Constipation.</p> <p>Observation of the medication pass on 10/05/10 at 4:00 PM with Certified Medication Technician (CMT) #2 revealed Resident #4 had an order on the Medication Administration Record (MAR) for Tobramycin (antibiotic eye drop) eye drops to the right and left eye, four (4) times a day for ten (10) days. Observation of the original label on the eye drop box revealed the directions of one (1) drop in the right eye four (4) times a day for ten (10) days. In an interview, on this date and time, with CMT #2 in which she was asked how did she know how many drops to instill in each eye, her reply was that if the order just read "drops" she assumed it meant one (1) drop. She further stated she would go back to the original container label for instructions and refer the question to her Charge Nurse for clarification. CMT #2 was observed to instill (1) drop in Resident #4's right eye per the instillation instructions on the original box label.</p> <p>Review of Physicians' Telephone orders, dated 09/19/10 revealed an order for Tobramycin eye</p>	F 333	<p>4. As part of the facility's on-going quality assurance program the Assistant Director of Nursing will make the audit(mentioned above) part of the continuous Quality improvement meeting for at least six months.</p> <p>5. October 31, 2010</p>	10/31/10	

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2010</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

**WOODLAND OAKS**

STREET ADDRESS, CITY, STATE, ZIP CODE

**1820 OAKVIEW ROAD**  
**ASHLAND, KY 41101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	<p>Continued From page 3</p> <p>drops to the right eye for ten (10) days. Further review of Physicians' Orders, dated 09/20/10 revealed an order clarification: Tobramycin eye drops to right eye, one (1) drop, four (4) times daily times ten (10) days. Additional review of Physician Orders revealed an order on 09/28/10 to discontinue the antibiotic eye drops to the right eye. The new order dated this same day was for Tobramycin eye drops to the right and left eyes four (4) times daily for ten (10) days.</p> <p>Interview on 10/05/10 at 4:14 PM with Licensed Practical Nurse (LPN) #3/Charge Nurse revealed if there was an order discrepancy, she would pull the original order and compare it to the MAR. The physician would be called for clarification if needed. Further interview with LPN #3 at 5:15 PM revealed Resident #4's physician had been called during the survey for an order clarification. The following order was received: Tobramycin eye drops- two (2) drops to both eyes four (4) times a day for ten (10) days.</p> <p>Interview with LPN #1/CQI Director, Staff Development and LPN #2 on 10/07/10 at 11:50 AM revealed they would call the physician for clarification if they had a medication question. LPN #1 and LPN #2 were unable to explain why the physician had not been called for clarification.</p> <p>Review of the facility's policy regarding medication orders revealed: medications were administered only upon the clear, complete, and signed order of a person authorized to prescribe. Further review revealed the elements of the medication order:</p> <ol style="list-style-type: none"> <li>1) Medication orders specify the following: <ol style="list-style-type: none"> <li>a. Name of medication</li> <li>b. Strength of medication, where indicated</li> </ol> </li> </ol>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 333	<p>Continued From page 4</p> <p>c. Dose and dosage form d. Time or frequency of administration e. Route of administration f. Quantity or duration of therapy</p> <p>Interview with Resident #4's physician, on 10/07/10 at 10:35 AM revealed his intent for the resident in regard to the order for Tobramycin eye drops to the right eye was for the resident to have (2-3) drops (3-4) times a day. If the infection (Conjunctivitis) spread to the other eye, it was to be treated also.</p> <p>3. Record review revealed Resident #2 was admitted on 04/28/10 with diagnoses of Colon Cancer Resection with Liver Lung metastasis, Seizures, Increased Confusion, Abdominal Pain, Hypertension and Diabetes.</p> <p>Review of Resident #2's Physician Orders on 10/06/10 dated 05/06/10 at 7:45 PM revealed a medication change from Roxanol 0.25 milliliters (mls) every one hour as needed (PRN) for pain to Roxanol 0.5 mls every one hour (PRN) for pain.</p> <p>Telephone interview with LPN #8 (Hospice Nurse) on 10/06/10 at 5:00 PM revealed he was called on 05/07/10 to re-write the order for the Roxanol from the previous night because the previous order had disappeared.</p> <p>Telephone interview with LPN #9 on 10/07/10 at 12:30 PM revealed she was working over on 05/06/10 into the 3:00 PM-11:00 PM shift until someone could come in to relieve her due to a call in on 05/06/10 for 11:00 PM-7:00 AM shift. LPN #9 revealed she was doing accuchecks and passing medications. Further interview with LPN #9 revealed she reported to the oncoming staff</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0988-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1B5392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY. 41101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 333	Continued From page 5 member that the new medication order needed to be transcribed to the MAR.  Interview with the ADON on 10/07/10 at 1:00 PM revealed she had come to work around 10:30 PM-11:00 PM on 05/06/10 due to a call in for 11:00 PM-7:00 AM shift. She stated Resident #2 did not ask for any pain medication while she was working so she did not have to look at the MAR. Further interview revealed she did not know why the nurse that signed the order as transcribing the order did not make the necessary changes to the MAR.  Review of the facility's policy on Documentation of the Medication Order revealed 1.) Each medication order is documented in the resident's medical record with date, time, and signature of the person receiving the order. The order is recorded on the physician order sheet or the telephone order sheet if it is a verbal order, and on the MAR.  403.75(1)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F514	F514  It is and was on the day of survey the policy of Woodland Oaks Healthcare Facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  1. Resident #1 and Resident #2 are no longer residents at the facility. 2. All clinical records have been audited by the administrative nurses to ensure that current orders are accurate and in place. The audit was completed on 10/30/10. 3. All administrative nurses were in- served on 10/27/10 by the Director of Nursing. This inservice included writing physician orders, auditing orders written daily to ensure they are on the monthly Medication Administration Record. Monday- Friday the administrative nursing team will audit all daily orders written to ensure they have been accurately transcribed to the Medication Administration Record. Any orders written on Saturday and Sunday will be audited by the administrative nurses on Monday. 4. As part of the facility's on-going quality assurance program the Assistant Director of Nursing will audit 5% of the resident's records monthly (after the above mentioned		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODLAND OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1820 OAKVIEW ROAD</b> <b>ASHLAND, KY 41101</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to maintain clinical records with accepted standards and practices that were complete and accurately documented for two (2) of nine (9) sampled residents (Residents #1 and #2). Resident #2 related to a dosage change of a pain medication and Resident #1 related to the omission of two (2) medications that were not carried over to the next month's Medication Administration Record (MAR).</p> <p>The findings include:</p> <p>1. Record review revealed Resident #1 was admitted to the facility on 07/15/10 with diagnoses which included Alzheimer's Disease, Chronic Pain, and Anxiety.</p> <p>Review of the Admission Minimum Data Set (MDS), dated 07/23/10 revealed the facility assessed Resident #1 as being alert with intermittent confusion.</p> <p>Review of the Physician's Orders revealed an order with the 07/28/10 physician's orders, for Remeron (appetite stimulant) 30 milligrams (mgs) every evening and Haldol (antianxiety) 0.5 mg every evening. Review of the Medication Administration Record (MAR) for 07/10 revealed these two (2) medications were transcribed to the MAR on 07/28/10. However, review of the MAR for 08/10 revealed no evidence these two (2) medications were transcribed onto the MAR or that Resident #1 received these medications for August 2010. Further review of the order revealed there was no time or route listed for the</p>	F 514	<p>audit) to ensure accuracy. This practice will continue for at least six months. These audits will become a part of the Quality Improvement Records.</p> <p>5. October 31, 2010</p>	10/31/10

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2010
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

WOODLAND OAKS

STREET ADDRESS, CITY, STATE, ZIP CODE

1820 OAKVIEW ROAD  
ASHLAND, KY 41101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	<p>Continued From page 7 two (2) medications.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 10/07/10 at 10:00 AM revealed the facility's system for change over of MARs at the first of a new month was she would come in on night shift between the 26th and the 30th to compare the Physician's Orders to the next month's MARs for each resident. She further stated that this was missed because she came in to do the change over MARs on 07/27/10 and the order was not written until 07/28/10. Interview further revealed the nurse that verified the order was responsible for ensuring it was on the current MAR and the MAR for the next month.</p> <p>Interview on 10/07/10 at 1:00 PM, with Licensed Practical Nurse (LPN) #10, who verified the order for Remeron 30 mg and Haldol 0.5 mg, revealed she was not aware she had failed to put the medications on the next month's MAR. She further stated she was aware she was required to transcribe the medications to both the current MAR and the next month's MAR after the ADON had completed the change over.</p> <p>Review of the facility's policy for Medication Orders, revealed medications were administered only upon the clear, complete, and signed order of the prescriber. It further stated the order was to be recorded on the MAR.</p> <p>2.) Review of Physician's Orders dated 05/06/10 at 7:45 PM, for Resident #2 revealed the facility received an order from the Hospice nurse to change Resident #2's Roxanol (narcotic pain medication) 0.25 milliliters (mls) every hour as needed for pain (PRN) to Roxanol 0.5 mls every hour (PRN).</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2010
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514	<p>Continued From page 8</p> <p>Review of the Medication Administration Record (MAR) revealed the order was not transcribed onto the MAR until 05/07/10 although the MAR continued to reflect 05/06/10 as the "order date". Resident #2 received three (3) doses of Roxanol 0.25 mls instead of the Roxanol 0.5 mls as ordered.</p> <p>Review of Nurse's Notes dated 05/07/10 (no time noted), revealed a "late entry" dated 05/06/10 (no time noted). The late entry revealed the order to discontinue previous Roxanol orders and to start Roxanol 10 milligrams (mgs) (0.5 ml) every hour PRN for increased pain.</p> <p>Interview with the Director of Nursing (DON) on 10/07/10 at 10:40 AM revealed Licensed Practical Nurse (LPN) #5 told her the new (PRN) pain medication order was not on the MAR at the time Resident #2 asked for (PRN) pain medicine on 05/07/10.</p> <p>Interview with LPN #5 on 10/07/10 at 11:00 AM revealed she administered the Roxanol 0.25 mls (PRN) instead of Roxanol 0.5 mls (PRN) because the order for the Roxanol 0.5 ml was not transcribed onto the MAR at the times Resident #2 asked for pain medication on 05/07/10 at 10:00 AM and 3:00 PM.</p> <p>Interview with the Aselstant Director of Nursing (ADON) on 10/07/10 at 1 PM, revealed she had come in about 10:30 PM or 11:00 PM to cover for a call in, on 11:00 PM - 7:00 AM shift. She further stated that she did not look at the MAR while she was working because Resident #2 did not ask for any (PRN) pain medicine. Further interview with the ADON revealed she did not know why the nurse that signed the order as taking it off, did not</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/07/2010
---	---	--	--

NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

F 514 Continued From page 9  
make the necessary changes on the MAR.

Telephone interview with LPN #8 (Hospice Nurse), on 10/06/10 at 5:00 PM revealed he was called by a nurse (could not remember name) on 3 PM - 11 PM shift on 05/07/10 to ask him to re-write the order for the Roxanol from the previous night. He stated he was told the original order could not be found and Resident #2 was in pain. Further interview revealed he called both the DON and ADON to tell them Resident #2 had not received the Roxanol 0.5 ml and asked them about the order. However he was not given a explanation.